

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Essential Services LLC dba Essential Transport

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2020 - 272 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Angela R Wright (sole member)

Telephone: 8646804980

Address: 2605 Boiling Springs RD

Fax:

Boiling Springs, SC, 29316

Other:

Email: nemt@essentialtransport.us

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: |

RECEIVED
NOV 12 2020
PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 11/03/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. ESSENTIAL SERVICES LLC DBA ESSENTIAL TRANSPORT
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

2605 BOILING SPRINGS RD, BOILING SPRINGS, SC 29316

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864.680.4980

Phone

Fax

NEMT@ESSENTIALTRANSPORT.US

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

ANGELA R WRIGHT, SOLE MEMBER - 621 E OCONEE ST, CHESNEE, SC 29323

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="0"/>	Loans Owed on Motor Vehicles	<input type="text" value="0"/>
Cash on Hand	<input type="text" value="0"/>	Business/Other Loans Owed	<input type="text" value="0"/>
Cash in Bank	<input type="text" value="25,500"/>	Other Liabilities or Debts	<input type="text" value="0"/>
Value of Other Assets and Equipment	<input type="text" value="0"/>	Total Liabilities	<input type="text" value="0"/>
Total Assets	<input type="text" value="25,500"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$500 + \$15/mile 1-3 miles

\$500 + \$15.50/mile 4-6 miles

\$500 + \$16.00/mile 7-10 miles

\$500 + \$16.50/mile over 10 miles

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
	to be purchased later			

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Essential Services, LLC DBA Essential Transport

Name of Applicant

2605 Boiling Springs Road, Boiling Springs, SC 29316

Address of Applicant

Amount of Premium:

Liability Insurance \$ 10,328

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	1,000

Genesse

Name of Insurance Company

1220 Old Alpharetta Road, Suite 380, Alpharetta, Ga. 30005

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Angela R. Wright
Applicant's Signature

SOLE MEMBER

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Spartanburg)

SWORN TO BEFORE ME
This 7th day of November, 20 20

Michael J. Sullivan
Notary Public

Commission Expires July 11, 2027

Michael J. Sullivan, Jr.
Notary Public State of South Carolina
My Commission Expires 7-11-2027



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

ESSENTIAL SERVICES LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 24th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 25th day
of September, 2020.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 200925-1001505

Filing Date: 09/24/2020

Sep 25 2020
REFERENCE ID: 621160

STATE OF SOUTH CAROLINA
SECRETARY OF STATE


SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

ESSENTIAL SERVICES LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
2605 BOILING SPRINGS RD

(Street Address)

BOILING SPRINGS, South Carolina 29316

(City, State, Zip Code)

3. The initial agent for service of process is

ANGELA R WRIGHT

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
2605 BOILING SPRINGS RD

(Street Address)

BOILING SPRINGS

(City)

South Carolina 29316

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

ANGELA R WRIGHT

(Name)

621 E OCONEE ST

(Street Address)

CHESNEE, South Carolina 29323

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Sep 25 2020

REFERENCE ID: 621160

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

ESSENTIAL SERVICES LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Sep 25 2020

REFERENCE ID: 621160


SECRETARY OF STATE OF SOUTH CAROLINA

ESSENTIAL SERVICES LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

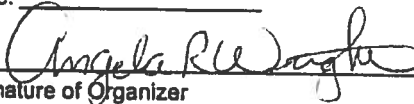
ANGELA R WRIGHT

Signature of Organizer

Date: 09/24/2020

Signature of Organizer

Date: 9/24/2020

 , side member

CERTIFIED TO BE A TRUE AND CORRECT COPY
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ORIGINAL ON FILE IN THIS OFFICE

Sep 25 2020
REFERENCE ID: 621160


SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

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1. The name of the limited liability company (Company ending must be included in name*)

ESSENTIAL SERVICES LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
2605 BOILING SPRINGS RD

(Street Address)

BOILING SPRINGS, South Carolina 29316

(City, State, Zip Code)

3. The initial agent for service of process is

ANGELA R WRIGHT

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
2605 BOILING SPRINGS RD

(Street Address)

BOILING SPRINGS

South Carolina 29316

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

ANGELA R WRIGHT

(Name)

621 E OCONEE ST

(Street Address)

CHESNEE, South Carolina 29323

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Sep 25 2020

REFERENCE ID: 621160


SECRETARY OF STATE OF SOUTH CAROLINA

ESSENTIAL SERVICES LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

ANGELA R WRIGHT

Signature of Organizer

Date: 09/24/2020


Signature of Organizer

Date: 9/24/2020

From: Billy O'Shields
Sent: Monday, November 9, 2020 3:39 PM
To: Cynthia Foster
Cc: arw621@gmail.com
Subject: FW: Essential Services LLC

Revised radius .

Billy O'Shields

Senior Account Executive
Correll Insurance Group
1066 Asheville Hwy
Spartanburg SC 29303
864-583-5445 (P)
937-535-0970 (F)
boshields@correllinsurance.com

From: Maria Preston **Sent:** Monday, November 9, 2020 3:28 PM
To: Billy O'Shields
Subject: RE: Essential Services LLC

The revised indication is +\$10,000 with radius up to 300 and ded \$1,000 comp/coll.

ESSENTIAL SERVICES LLC (update radius)

Columbia Insurance Company
 Proposed Effective Date: 10/13/2020
 Proposed Expiration Date: 10/13/2021
 Filing Type: None
 P. Units: OK Trailers: OK
 Status: Copy
 No Insured contact has Online Access

CAB
 Information

Coverage

Coverage	Unit
Liability	\$1,000,000 CSL
Uninsured Motorists	\$75,000 CSL
Underinsured Motorists	\$75,000 CSL
Medical Payments	\$5,000
Physical Damage	See Each Vehicle
Total Insured Value	\$48,000

Premium Summary

Liability	\$8,110
UM	\$231
UIM	\$231
Comp/Coll	\$1,513
Med Pay	\$243
Total	\$10,328

Unit Information

Add Unit

Total Policy Premium - Annual

\$10,328

Unit	VIN	Unit Total
1 2017 TOYOTA SIENNA	5TDY23DC3H...	\$10,328

Premiums By Coverage Class: 1631 - Non-Emergency Ambulance - Fo

Liability	\$8,110
UM	\$231
UIM	\$231
Comp/Coll: \$48,000	\$1,513
Deductible: \$1,000/\$1,000	
Med Pay	\$243

Modify Unit

Delete Unit

View Units

Repeat Unit

Driver Information

Add Driver

Driver	Age	State
1 ANGELA WRIGHT		
2 C FOSTER		

Driver Details

Years Exp:	2
Violations:	1

Modify Driver

Delete Driver

Overall Driver Factor



www.geneseeins.com



WSIA

FIVE-STAR ALL-STAR
WHOLESALE/MGA

NOTICE: For your protection, you cannot bind, alter or cancel coverage without speaking to an authorized representative of Genesee General and submitting a written request to bind, alter or cancel coverage that is received by Genesee General. Coverage also cannot be bound without written confirmation from an authorized representative of Genesee General. This email and any files transmitted with it are not encrypted and may contain privileged or other confidential information. This email and any files transmitted with it are intended solely for the use of the individual or entity to whom they are addressed. If you are not the intended recipient, or believe that you may have received this email in error, please reply to the sender indicating that fact and delete the copy you received. In addition, you should not print, copy, retransmit, disseminate, or otherwise use this information.

Public Application

COLUMBIA INSURANCE COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL INDEMNITY COMPANY OF MID-AMERICA
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Genesee General
1220 Old Alpharetta Road
Suite 380
Alpharetta, GA 30005
(770)396-1600 FAX: (770)396-7699

Policy Term From: 10-13-20 To 10-13-21

1. Name (and "dba") ESSENTIAL SERVICES, LLC, dba, ESSENTIAL TRANSPORT
☐ Individual/Proprietorship ☐ Partnership ☒ Corporation ☐ Other Business Phone Number 864-680-4980
2. Mailing Address 2605 BOILING SPRINGS RD. City BOILING SPRINGS State SC Zip 29316
3. Premises Address SAME City _____ State _____ Zip _____
4. Person to contact for inspection (name and phone number) ANGELA RENEE WRIGHT - 864-680-4980
5. Have you ever had insurance with one of the companies listed at the top of this page? ☐ Yes ☒ No
If yes, Policy Number(s) _____ Effective Date(s) _____

DESCRIPTION OF OPERATIONS

6. Describe business NON-MEDICAL TRANSPORT
Years experience _____ New Venture? ☒ Yes ☐ No
7. Is this your primary business? ☒ Yes ☐ No If no, explain _____
Is your business seasonal? ☐ Yes ☒ No Is your business for hire/for profit? ☐ Yes ☐ No
8. Have you ever filed for Bankruptcy? ☐ Yes ☒ No If yes, when _____ Explain _____
9. Gross receipts last year _____ Estimate for coming year 175,000 Business for sale? ☐ Yes ☒ No
10. Do you operate in more than one state? ☐ Yes ☐ No If yes, list states _____
11. What is the largest city entered within your radius of operation? GREENVILLE SC

LIABILITY COVERAGE — Complete for desired coverages by indicating limits of insurance.

LIABILITY				Medical Payments	Personal Injury Protection (where applicable)	IF PHYSICAL DAMAGE COVERAGE DESIRED – REFER TO FOLLOWING PAGE. COMPLETE HIRED AND NON-OWNED SUPPLEMENT IF COVERAGE DESIRED
Combined Single Limit BI & PD	Split Limits					
	Bodily Injury		Property Damage			
	Each Person	Each Accident	Each Accident			
1,000,000				5000	0	

APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.

DRIVER INFORMATION — If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Num--	Class/Type (if CR)	Years Licensed (in State)	Type of Unit (Bus, Van, etc.)	No. Years
1. <u>ANGELA RENEE WRIGHT</u>							
2. <u>CYNTHIA B. FOSTER</u>							
3.							
4.							
5.							

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.)		<u>0</u>		<u>1</u>		<u>SPEEDING UNDER 10</u>		<u>0/0</u>
2.)		<u>0</u>		<u>0</u>				<u>E</u>

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

12. What is the basis for driver(s) pay? Hourly ☒ Trip _____ Mileage _____ Other, explain _____
 13. Are drivers covered by Workers Compensation? ☐ Yes ☒ No Minimum years driving experience required _____
 14. Are vehicles owner-driven only? ☒ Yes ☐ No Do you agree to report all newly hired operators? ☒ Yes ☐ No
 15. Are drivers ever allowed to take vehicles home at night? ☐ Yes ☒ No If yes, will family members drive? ☐ Yes ☒ No
 16. Do you order MVR's on all drivers prior to hiring? ☒ Yes ☐ No Driver's maximum driving hours 6 daily, 40 weekly

SCHEDULE OF AUTOS/VEHICLES — Describe all vehicles for which application is made for insurance.

Veh. No.	Model Year	Vehicle Make	Body Type/Model	Full Vehicle Identification Number	Orig. Mfg. Seating Cap.	Principal Garaging Location (City & State)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags or (C) Wheelchair Lift
1	2017	TOYOTA	SIENNA VAN	5TDYZ3DC3HS847022	7	2605 Boiling Springs Rd Boiling Springs, SC	50	20,000	A-B-C
2									
3									
4									
5									
6									
7									
8									
9									
10									

Please note:
Revised quote shows
state wide radius

PURPOSE OF USE ABBREVIATION MUST BE SELECTED FOR EACH VEHICLE

Veh. No.	Purpose of Use	Length of Limo Stretch	AB	APS	AT	BB	SBG	CB	CHB	CTB	CRB	DC	ET	ME	MV	PT	SB	SC	SH	SSB	SKB	SSA	TX	TM	T
1	MV																								
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									

PHYSICAL DAMAGE COVERAGE — Complete spaces below in detail for each respective auto/vehicle described above.

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Equipment	Total Stated Amount to be Insured	Physical Damage Deductible	
						<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision
1	10-13-20	48,190	26,500	21,690	48,190	500	500
2							
3							
4							
5							
6							
7							
8							
9							
10							

(ALSO QUOTE OPTIONAL
\$1,000 DEDUCTIBLES)

17. Any loss payees? ☒ Yes ☐ No If yes, give name and address of mortgagee/loss payee for each vehicle TBD.

LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.

Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To				Liab	Phys Dam	BI	PD	Comp/Coll	Other
/ /	/ /	NONE								
/ /	/ /									
/ /	/ /									

18. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? ☐ Yes ☒ No If yes, provide complete details _____
19. Have you ever been declined, cancelled or non-renewed for this kind of insurance? ☐ Yes ☒ No
If yes, explain _____
20. Is the transportation of people your primary business? ☒ Yes ☐ No Are vehicles leased to drivers? ☐ Yes ☒ No
21. Do you transport physically disabled individuals? ☒ Yes ☐ No If yes, what percentage of the time? 20
22. Are vehicles equipped with fare box or meter? ☐ Yes ☒ No Do you have a scheduled route? ☐ Yes ☒ No
23. Do you ever transport unscheduled passengers? ☐ Yes ☒ No Minimum number of hours rented N/A Minimum charge _____
24. Number of vehicles owned Limos _____ Vans _____ Buses _____ Other 1 WRENEVAN
25. Number of vehicles leased Limos _____ Vans _____ Buses _____ Other _____

FILING INFORMATION

26. Is an FHWA filing required? ☐ Yes ☒ No If yes, MC number _____
What authority do you have? ☐ Broker ☐ Common ☐ Contract
27. If you hold a Brokers license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations N/A
28. If you are an interstate regulated carrier, identify your registration or base state N/A
29. Is an intrastate filing needed? ☐ Yes ☐ No If yes, show state and permit number _____
30. Show exact name and address in which permits are issued _____
31. Is MCS 90 endorsement needed? ☐ Yes ☒ No
32. Is our policy to cover all vehicles owned, operated or under lease to applicant? ☒ Yes ☐ No If no, explain _____
33. Do you enter Canada? ☐ Yes ☒ No Do you enter Mexico? ☐ Yes ☐ No If yes, where _____
34. Have you ever changed your operating name? ☐ Yes ☒ No Do you operate under any other name? ☐ Yes ☒ No
35. Do you operate as a subsidiary of another company? ☐ Yes ☒ No
36. Do you own or manage any other transportation operations that are not covered? ☐ Yes ☒ No
37. Do you lease your authority? ☐ Yes ☒ No Do you appoint agents or hire independent contractors to operate on your behalf? ☐ Yes ☐ No
38. Have you purchased, sold or applied for authority over the past 3 years? ☐ Yes ☒ No
39. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? ☐ Yes ☒ No
40. Is evidence/certificate(s) of coverage required? ☐ Yes ☒ No
41. Please explain any "yes" answer to questions 34 through 40 _____

42. Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers? ☐ Yes ☒ No
If yes, attach a copy of current agreements and complete the following:
(a) With whom has such agreement(s) been made? _____
(b) Do the parties named in (a) carry automobile liability insurance? ☐ Yes ☐ No
If yes, name of insurance company and limits of liability (Bodily Injury & Property Damage) _____
(c) Under whose permit does each of the parties to the agreement(s) operate? _____
(d) Is there a hold harmless in the agreement(s)? ☐ Yes ☐ No
43. Do you barter, hire or lease any vehicles? ☐ Yes ☒ No If yes, explain _____
44. Additional comments: _____

GEORGIA SC
REJECTION OR SELECTION OF
UNINSURED MOTORISTS COVERAGE

The Georgia Insurance Code (Section 33-7-11) permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage or to select a limit of liability higher than the basic financial responsibility limit but not higher than the limit for Liability Coverage in the policy. Uninsured Motorists Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from the owner or operator of an uninsured motor vehicle because of bodily injury, including death resulting therefrom, and for injury to or destruction of the insured motor vehicle and the personal property owned by the insured which is contained in the insured motor vehicle.

So that we may be certain that your policy is properly issued, it is necessary that you indicate below your choice of Uninsured Motorists Coverage, date and sign the form in the space provided. In the event the policy names more than one Named Insured, all such Named Insureds must sign.

INDICATE BY "X"

☐ - Entire Rejection

The undersigned hereby rejects Uninsured Motorists Coverage.

The undersigned understands and agrees that the provisions of Uninsured Motorists Coverage will not be included in the policy issued.

- OR -

☒ Uninsured Motorists Coverage to be written at limits of liability equal to Bodily Injury and Property Damage Liability limits being provided.

- OR -

☐ Uninsured Motorists Coverage to be written at limits of liability lower than the Bodily Injury and Property Damage Liability limits being provided, as indicated below:

Bodily Injury	Property Damage	or	Combined Single Limit
\$ _____ each person	\$ _____ each accident		\$ <u>1,000,000</u> each accident
\$ _____ each accident			

- OR -

☒ Uninsured Motorists Coverage to be written subject to the deductible as indicated below:

<input type="checkbox"/> No Deductible	<input type="checkbox"/> \$1,000
<input type="checkbox"/> \$500	<input checked="" type="checkbox"/> \$2,000

Signature of Named Insured

Date

Signature of Named Insured

Date

Until you advise us otherwise in writing, your choice, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any scheduled Autos and will be carried forward on all future renewal policies without additional notice.

Named Insured:

Policy Number:

UNINSURED MOTORISTS COVERAGE NOTICE

If you have chosen to accept Uninsured Motorists coverage from your automobile insurance company, and have any questions after reading this statement regarding Uninsured Motorists coverage or the amount of coverage you have selected, your agent or company representative will be able to assist you.

You should have chosen the amount of Uninsured Motorists coverage you want based on this question: If I get hit by someone with little or no liability insurance, how much protection do I need to cover the cost associated with car repair, medical bills, other expenses, and lost wages? If the person who hits your automobile has no liability coverage or liability coverage equal to or less than the Uninsured Motorists amount you chose, your total automobile insurance recovery (from all companies involved) may not exceed the amount of Uninsured Motorists coverage you chose.

The purpose of this notice is informational. This notice does not change or replace the wording in your policy.

SIGNATURE REQUIRED



Named Insured or Representative (Representing all Insureds)



Date Signed

Please sign and date this form and return it to your insurance agent or representative.

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of the endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant is personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed? ☐ Yes ☐ No If yes, with whom _____

Witness Applicant's Signature Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? YES If not, explain _____

Is this new business to your office? YES If not, how long have you had the account? _____

How long have you known applicant? 15 YRS.

REQUEST TO COMPANY GENERAL AGENT:

☒ Please quote ☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address Phone No.